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Draft country programme document**

Turkmenistan

Summary

The Executive Director presents the draft country programme document for Turkmenistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,680,000 from regular resources, subject to the availability of funds, and $1,300,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	98
Underweight (%, moderate and severe, 2000)	12
Maternal mortality ratio (per 100,000 live births, 2001)	9
Primary school enrolment (% net, male/female)	86/84
Primary school children reaching grade 5 (%)	
Use of improved drinking water sources (%)	
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	1,200
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	88

The situation of children and women

1. Turkmenistan has a population of some 6.3 million, one third of whom are under 18 years of age. Only 20 per cent of the country's land is inhabited and arable, and the vast Karakum desert coves 80 per cent of its territory. Turkmenistan is well-endowed with natural gas and oil, and energy production accounts for about one third of the gross domestic product (GDP). Energy export revenues, which go into special funds, amount to about $15.7 billion annually. With the break-up of the Soviet Union, Turkmenistan underwent enormous economic and social changes. This involved transition from socialized ownership towards a market economy and establishment of a new state structure with a strong presidency. Economic policy is mainly state-led and growth has recently seen a remarkable recovery.

2. Despite its rank of 87th in the Human Development Index and wide Soviet-era social infrastructure and social safety net, Turkmenistan faces significant development challenges to improving its living standards and social indicators. The conditions of children and women are greatly influenced by the current policy environment. The management system for social services has been streamlined by reform measures, but the resulting increased demand has strained services and requires an equivalent increase in social investment.

3. The health care system was restructured from specialist- and hospital-based medicine to community-based preventive health care. Hospitals and rural health units were reorganized into multi-profile hospitals, and medical specialists were redeployed as family physicians. Tighter budgetary allocations have led to reductions in the number of health workers and the availability of essential drugs and medical supplies and have affected the overall infrastructure. Users' fees for specific services were introduced to cover operational expenses.

4. Turkmenistan's infant, child and maternal mortality rates are high compared to those of countries with much lower GDP. Official government statistics and the Demographic Health Survey (DHS) show different levels of key health indicators. The DHS found an infant mortality rate of 74 per 1,000 live births compared to the government figure of 17. This difference is primarily attributable to the non-adoption of the World Health Organization definition of live birth and to underreporting. Ongoing joint Government-UNICEF studies on infant mortality, with support from the United States Agency for International Development

(USAID), and on safe motherhood will probe the causes of and guide appropriate interventions for reducing mortality.

5. Acute respiratory infections (ARI) and diarrhoeal diseases are the major causes of infant and child mortality and morbidity. Despite access to prenatal care and the fact that most deliveries are assisted by health professionals, maternal mortality is still high, with haemorrhage during pregnancy and toxaemia among the leading causes. An estimated 22 per cent of children under five years are chronically malnourished, and 6 per cent have acute malnutrition. There are regional differences in levels of stunting, with, for example, the northern province (*velayat*) of Dashoguz reporting a rate of 27 per cent, which is twice as high as the rate in Ashgabat, the capital. The high levels of infant and child mortality and ARI suggest that vitamin A deficiency could be a potentially significant public health problem. The country is increasingly at risk of HIV/AIDS, particularly among young people whose knowledge and awareness are poor. For example, only 58 per cent of 15-19-year-old girls know about HIV/AIDS, and only 31 per cent know how to avoid infection.

6. Turkmenistan is moving towards meeting international standards and norms. However, its limited global exposure has kept the country out of contact with international technical developments. Plans and protocols for more effective management and prevention of disease are necessary for nationwide implementation.

7. The State's dominant role in the care of children is being reduced, with parents and families increasingly taking on this responsibility. Child-rearing practices and patterns at home need further strengthening, particularly in the areas of hygiene, exclusive breastfeeding, child feeding and early interaction. Home and environmental conditions, and inconsistency between taught behaviours and practices, are crucial factors contributing to mortality and morbidity. Promoting hygiene practices among children is difficult in an environment with low access to sanitary facilities or adequate water supply.

8. Basic education is compulsory, free to all children and publicly run. However, education reforms led to closure of collective (farmers' cooperative) schools and cuts in subsidies for pre-schools and higher educational (teaching) institutions. Only 20 per cent of children have an opportunity for early childhood education through pre-schools. The number of years of basic education was reduced from 10 to 9 and schools remain closed for 6-10 weeks during the main agricultural season. Children attend school for an average of 150 days per year compared to the international standard of 180. The reduction in school time, the lack of textbooks and teaching aids, and the revised curriculum all affect the quality of learning. Special support will be required to plan how to bridge the gap in learning hours.

9. Standards for measuring the quality of learning performance based on the revised curriculum are unclear and data unavailable. In spite of an ideal teacher-pupil ratio of 1:23, teachers have very few opportunities to upgrade their interactive learning skills relevant to changes in the curriculum. Teaching remains traditional, limiting the development of children's critical thinking skills. While school drop-out and repetition rates are low, it has yet to be determined if children are meeting minimum learning competency requirements.

10. The development of early learning skills at home is focused on learning to read, to the detriment of other skills. Parents' centres have been established in

pre-schools to help improve parenting skills. However, alternative community-based models are needed, since only about 10 per cent of the rural population have access to these centres, as opposed to more than one half of parents of children living in urban areas.

11. The social safety net has weakened over the last decade, resulting in increased numbers of children in "gate-keeping" structures and social protection services, and in the reduction of residential institutions for children without family care. The number of children in conflict with the law and without family care in the Children's Remand Centre increased from 816 in 1998 to 1,306 in 2002. About 10 per cent of these children above age seven years had never been to school, while as many as 46 per cent of them had serious academic problems. The majority of 700-800 children accommodated annually in institutions come from "families in need," mostly non-earning single parents or guardians receiving state financial assistance. Urban children, particularly boys from single-parent families, and families with three or more children are at greatest risk of institutionalization, including placement in correctional institutions. The social protection system and mechanisms leading to institutionalization need to be analysed further to find ways to prevent children being deprived of parental care. Corporal punishment is commonly practised to discipline children. About 30 per cent of children in residential care institutions had bodily marks of physical violence experienced at home, and fewer than 10 per cent of those living with a single parent or in a guardian family reported episodes of psychological or physical violence from caregivers or peers.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

12. The previous country programme focused on reduction of incidence of infectious diseases and micronutrient deficiencies, improvement of the school learning environment, promotion of healthy life styles and youth participation, and the rights of children in need of special protection measures. While not all the objectives were achieved, a number of key results were achieved.

13. The Government reports low incidence of vaccine-preventable diseases among children with few cases of measles registered annually. Viral hepatitis is also declining, but the rate is relatively high. Through the leading role and support of UNICEF, immunization coverage was maintained at an average rate of 95 per cent. The country was certified polio-free in 2002. With funding from the Global Alliance for Vaccines and Immunization (GAVI), the country programme's direct contribution included massive capacity-building, technical support for establishment of a national immunization plan, and provision of cold-chain equipment and a logistical system for vaccine distribution and storage.

14. About 68 per cent of the student population (more than 124,000 students) in Dashoguz *velayat* benefit from improved access to safe drinking water and sanitary latrines, which has reduced the incidence of diarrhoeal diseases by 24 per cent annually. UNICEF assisted local authorities in this *velayat*, where surface and ground water had been severely curtailed because of climatic conditions and land salinity, compounded by the Aral Sea disaster. Funding from the Governments of Canada, Germany and Ireland supported the introduction of appropriate technologies

for improved shallow and dug wells for provision of safe drinking water to schools and communities. Improved school latrines were established, with separate facilities for boys and girls. Hygiene education was widely promoted throughout the school system, in partnership with local non-governmental organizations. For the first time, senior students were involved in the monitoring and surveillance of the quality of water.

15. School children and young people now have access to more child-centred and relevant education. UNICEF introduced an innovative methodology for interactive teaching and learning, and for life-skills-based health education and HIV/AIDS prevention for adolescents. The Ministry of Education has recognized the value of this globally accepted methodology, which will be introduced nationwide. The use of life-skills education is increasing slowly but progressively, particularly in urban schools.

Lessons learned

16. The country's attitude towards human rights is gradually changing, primarily influenced by high-profile advocacy for children's rights. The authorities are increasingly aware of the need for a rights-based approach in implementing development policies and have taken steps to be active in this sector. News reports and the national media show that children's rights are now more incorporated in policy makers' language. UNICEF adopted a proactive approach to promote children's rights by engaging in regular consultations and dialogue with the Government. It is essential to prioritize key issues for advocacy and to ensure that culturally-sensitive and politically appropriate language is used in various forums, major documents and information, education and communication materials. The Government is now more receptive to suggestions to shape its policy agenda for the progressive implementation of its commitment to children's rights.

17. Successive annual reviews and the mid-term review of the country programme recommended continuity and expansion of programme activities at the *velayat* level. Based on the experience of ongoing early childhood development (ECD) initiatives, local authorities and existing mechanisms are able to respond more adequately when given the necessary mandate, technical support and skills for the planning and management of children's programmes. Service delivery is also more efficient when it is part of a coordinated and integrated effort. The provincial education management information system initiative in Dashoguz provides an important entry point for participatory data collection and school mapping, allowing linkages to activities in the areas of water and sanitation, ECD and education. This initiative can form a base for local-level planning through a participatory process involving all service providers, local authorities, communities and families. Greater decentralization of decision-making at the *velayat* and district (*etrap*) levels provides opportunities for institutionalizing and mainstreaming children's development.

18. A 2003 study on child-rearing provided the impetus for emphasizing the role of parents, families and communities in children's upbringing. Few parents, however, are, aware of their role and appropriate practices in child development, especially regarding adequate health care and nutrition, and addressing young children's physical and emotional needs. The key lesson derived from the study is that rural extended family structures and immediate caregivers have to be considered

in launching better parenting programmes. A framework for effective parenting was also developed as part of ECD initiatives, and in the next programme cycle, parents will also be taught problem-solving skills.

The country programme 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Policy advocacy and development planning for children	700	-	700
Institutional capacity development	1 400	600	2 000
Velayats fit for children	1 700	700	2 400
Cross-sectoral costs	880	-	880
Total	**4 680**	**1 300**	**5 980**

Preparation process

19. At the request of the United Nations country team (which also includes the United Nations Development Programme and the Office of the United Nations High Commissioner for Refugees), UNICEF led technical working groups that helped to develop the Common Country Assessment (CCA) and chaired the steering committee for the formulation of the United Nations Development Assistance Framework (UNDAF). Consultations with the Government during the UNDAF preparation process took place primarily through sectoral strategy meetings and the annual programme review. The Joint Strategy Meeting between the Government and the United Nations, held in February 2004, endorsed both the UNDAF and the UNICEF country programme.

Goals, key results and strategies

20. The ultimate goal of the country programme is to contribute to sustainable improvements in the health, development and social well-being of the children and women of Turkmenistan, consistent with the Millennium Development Goals and the commitments of *A World Fit for Children*. The country programme will support the Government and other partners in the development of a comprehensive, rights-based policy framework for ensuring quality, access and use of basic social services.

21. In the context of the UNDAF, UNICEF will support the formulation and implementation of sustainable, rights-based policies for children, young people and women; the improvement of systems and institutional capacities for improved quality health care, nutrition and education; and raising the awareness of families and changing mindsets for better child-rearing and parenting practices.

22. The country programme will achieve key results in the three areas identified in the CCA that have a crucial bearing on the situation of women and children: (a) the legal framework and law enforcement mechanisms are to be improved and harmonized with international commitments and other national laws; (b) standards

and norms are to be used for improving the quality of programmes and services; and (c) families are to adopt positive child-rearing practices and provide a safe, enabling and conducive learning environment at home.

23. Three interrelated strategies will be pursued at the policy, system and community levels: (a) evidence-based advocacy and mobilization of policy and decision makers to place children at the centre of the development agenda; (b) decentralized adoption of a system-wide process and mechanisms to improve basic social services, including developmental and preventive approaches; and (c) demonstration of community-driven models that create and sustain a social environment fit for children.

24. At the national level, the programme will focus on influencing policy decisions and enhancing the Government's ability to set priorities for children. It will support capacity and institutional development for improved health care, nutrition and education. Child protection will be integrated across all sectors. All interventions will be informed by gender analysis and response. Policies, standards, protocols and guidelines formulated at the national level will be adopted in the five *velayats* and 20 *etraps* which will serve as models to demonstrate how communities can be made 'fit for children'. Best practices and lessons learned will be documented to inform national policies.

Relation to national priorities and the UNDAF

25. The country programme will directly support the following nationalized Millennium Development Goals: (a) expanded access to high-quality education at all levels and achievement of international standards in education; (b) elimination of gender disparities at all levels of education; (c) reduction of infant and maternal mortality by one half from the current levels; (d) prevention of HIV/AIDS; and (e) reduction of the proportion of people without permanent access to safe drinking water.

26. The country programme is anchored in the UNDAF and corresponds to its outcomes: (a) policies to promote social well-being and human security in accordance with national goals and nationalized targets; (b) user-friendly and sustainable health care and nutrition services, in compliance with international standards, at national and subnational levels; (c) "child-friendly" and sustainable education services for the pre-primary, basic compulsory and vocational levels; and (d) a comprehensive approach to environmentally sustainable principles and practices at all levels and in community development, linked to improved social well-being.

27. Follow-up to global commitments is part of the policy agenda of both the UNDAF and the country programme. A law guaranteeing the rights of the child was enacted in 2002 following the country's 1994 ratification of the Convention of the Rights of the Child. Turkmenistan's first report to the Committee on the Rights of the Child report has been under preparation since 2003 and is awaiting finalization.

Relation to international priorities

28. The country programme will contribute to the achievement of the Millennium Development Goals for achievement of universal primary education, promotion of gender equality, reduction of child mortality, improved maternal health and fighting

HIV/AIDS. The preparation of the country programme was guided by the UNICEF medium-term strategic plan and the goals of *A World Fit for Children*. It will give special emphasis to ECD and girls' education within the context of inclusive quality basic education. Interventions aimed at achieving a "child-friendly" learning environment and for immunization "plus" will focus on sustainability and elimination of micronutrient deficiencies. Consistent with regional HIV/AIDS priorities, the country programme will adopt a preventive approach toward mother-to-child transmission of HIV and promote healthy life styles among young people. Child protection will intersect all programme components.

Programme components

Policy advocacy and development planning for children

29. Poor alignment between economic and social policies contributes to declining access of children, young people and women to quality basic social services. Policy makers and local authorities have limited knowledge and experience of social planning, and evidence-based assessments, tools and mechanisms for coordinated planning and action are also limited. The result has been weak human and technical capacities for developing rational, rights-based policy decisions and laws.

30. This programme is expected to yield the following specific results, all related to the creation of an enabling environment for children: (a) parliamentarians, policy-makers and local authorities are to be increasingly aware of, and better equipped with, skills for development and enforcement of child-rights-based legislation, policy-making and social development planning; (b) processes and mechanisms are to be in place for formulating new legislative measures and reviewing existing ones; and (c) a system will be developed for monitoring the implementation of these policies.

31. This programme will have two interrelated project areas: policy research, development planning and monitoring of results; and advocacy for children's rights. Social policy research and studies will be undertaken to launch a policy agenda and long-term vision for children. This will help to create a framework for rights-based, inclusive and protective policies for children. UNICEF will provide technical assistance to translate the National Plan of Action for Children into local plans, and to build local capacities for collecting and monitoring data. This programme component will also ensure that an emergency response plan is in place in case of man-made or natural disasters. UNICEF will support the Government to better align monitoring systems with national development goals through a centralized data repository and *DevInfo*. The programme will embark on wide advocacy and mobilization for promoting children's rights and follow up to the commitments of the Convention on the Rights of the Child, *A World Fit for Children* and the Millennium Development Goals. Various communication forums will be tapped and the involvement of the national and local media in promoting rights will be strengthened.

Institutional capacity development

32. The medical and educational curricula in pedagogical institutes still have to be updated fully in accordance with international standards and recommendations. Nationwide protocols and guidelines on care, prevention, development and

protection of children and women need to be more comprehensive and consistent. National quality standards, indicators and tools for measuring developmental progress for young children and monitoring of learning achievements are to be established. Teaching and learning methods need to be more child-centred and relevant.

33. Key results expected at the system level include: (a) protocols and guidelines are to be adopted based on international standards for safe immunization, the Integrated Management of Childhood Illness (IMCI), nutrition, childhood disabilities, safe motherhood and neonatal care; (b) a financially sustainable plan on immunization will be in place; (c) an ECD curriculum will be aligned with development standards on psychosocial domains and school readiness, and be available and used in kindergartens and pre-schools; (d) protocols and resource materials will guide the development of "child-friendly" schools and "youth-friendly" health services; (e) parent and family checklists will be used for improved child-rearing, parenting and in-school activities; and (f) food processing and other production facilities will fortify their products with iron and essential micronutrients.

34. UNICEF will support government efforts to increase the measles immunization coverage rate from 88 to 95 per cent; maintain polio-free status; establish health and education information systems, increasing the rate birth registration within one month after birth from 73 to 95 per cent; improve the quality of pre-school and primary education; and increase the number of young people aged 10-18 years with the knowledge, skills and means of protecting themselves from HIV/AIDS and sexually transmitted infections. The knowledge and skills of technical and field personnel on maternal and child care, including infant feeding practices, will be upgraded through extensive training.

35. There are three project areas under this programme component: maternal and child health (MCH) care and elimination of micronutrient deficiencies; inclusive quality basic education; and HIV/AIDS prevention. UNICEF will provide technical assistance for mainstreaming international standards, protocols and guidelines on updated and relevant health-care practices; the promotion of exclusive breastfeeding; vitamin A, iron and iodine supplementation; and curriculum development and teaching/learning methodologies, including measures for the prevention, identification and response to cases of violence, abuse, neglect and exploitation. Pre-school curricula will be aligned with child development standards. A two-track approach will be adopted to improve managerial and/or technical competencies, targeting their integration in the higher education curriculum, as well as in-service capacity-building for health, education and social protection personnel. UNICEF will equip national core training teams with the skills and resource materials to build the capacities of family physicians on maternal, child and adolescent health care and nutrition, and of teachers on rights-based and child-centred teaching methodologies.

***Velayats* fit for children**

36. The engagement of local authorities in children's programmes needs to be expanded, especially to improve the child-rearing practices of parents, families and communities. Local-level service providers have limited capacities and technical expertise in the areas of early childhood stimulation, school preparedness, protection

and rehabilitation of at-risk children, and promoting healthy lifestyles among young people. Young people lack access to information related to health promotion and personal development, and opportunities for genuine participation in decisions that affect their lives. Hygiene and sanitary practices are weak. Corporal punishment is still widely practiced at home.

37. This programme component will operate at the *velayat* level, where it is expected to deliver the following results in 20 *etraps*: (a) at least 50 per cent of children aged 0-to7 years are to be prepared for school through improved access to and quality of ECD programmes; (b) at least 80 per cent of school-age children, both girls and boys, and to have improved access to a quality learning environment and "child-friendly" schools; (c) at least 80 per cent of young people are to have life skills and access to "youth-friendly" services; and (e) at least 50 per cent of households are to practice improved hygiene and sanitation and have access to safe drinking water. To achieve these results, the country programme will support *velayat* and *etrap* administrations in the development of local plans for children. Service providers will be equipped with knowledge, skills and practices for applying technical and other standards to service delivery.

38. The programme will be coordinated and managed mainly at the *velayat* level and implemented in 20 *etraps* which represent 30 per cent of the country's total population. *Etraps* will be ranked according to the status of critical indicators for children and women (infant, child and maternal mortality, malnutrition, school enrolment, access to safe drinking water). These indicators will be combined with other selection criteria such as geographic location, the size of the child population, the level of social infrastructure development and various manifestations of the commitment of local authorities to children's development. The selection of *etraps* will be done jointly with central and *velayat* authorities. In these *etraps*, the country programme will support implementation of national standards and protocols in the areas of ECD, "child-friendly" learning environments and "youth-friendly" services. Water, sanitation and hygiene education will be an additional project component. Child protection and gender concerns will be integrated within these interventions.

39. The country programme will equip local authorities with capacities to develop and implement local plans for children and mainstream them into development plans, and establish mechanisms for integrated programme management. Intensive support will be provided in documenting the process, strategies, resource requirements and, most of all, results. Periodic reviews at national and local levels with the Government will formalize recommendations for improvements.

40. The country programme will support the Government in carrying out interventions in the areas of child protection, birth registration, safe motherhood, immunization, community IMCI, disease surveillance, growth and physical monitoring, nutrition and school preparedness. Health workers will be trained in relevant health and nutrition interventions that are updated according to international standards. In addition, they will be trained to better identify and report deaths more accurately, particularly of children under five years and those related to disease, abuse and violence. Teachers will be trained in interactive teaching and be encouraged to foster a culture of caring for children, based on centrally developed guidelines and materials. Hygiene education and access to safe water and sanitary facilities in schools, with separate provision for girls, will improve children's health.

The integrated community education management information system will allow tracking and follow-up of cases of school drop-out and or learning problems.

41. Local-level interventions will aim at raising awareness of and changing attitudes and practices towards child discrimination, exploitation, abuse and neglect. Based on an assessment of the existing birth registration system, support will be provided for achieving universal birth registration. Provision of supplies and equipment will improve access, quality and utilization of MCH services and pre-school facilities. Life-skills-based health education will be scaled up in schools and non-formal youth settings through peer education and "youth-friendly" services. Sustainable, low-cost water supply systems will promote viable and appropriate technological options for communities.

42. Parents will be encouraged to participate in making their homes, school and community environments safe and conducive for learning, and to adopt positive child-rearing practices. Communities will be mobilized for the operation, maintenance, management and monitoring the quality of water systems.

43. **Cross-sectoral costs** will cover staff, technical assistance and provide for cross-cutting services for such programmes as utilities, transport and information technology equipment.

Major partnerships

44. New partnerships will be forged with the Parliament (*Medjilis*) and appropriate committees, the Cabinet of Ministers, and *velayat* and *etrap* governorates (*hakimliks*). Direct links will continue with the Deputy Prime Minister's Office and with line ministries. Partners will include the Youth Union and Women's Union. International and donor partners will include the Organization for Security and Co-operation in Europe, the World Bank and USAID. Networking with international institutions for conducting studies, information exchange and state of the art technology will be encouraged. The Central Asian countries' ministerial forums on MCH and education will be a platform for exchanging information and expertise on issues related to women and children. The partnership with GAVI is expected to continue to achieve sustainable immunization. The United Nations theme group on HIV/AIDS will remain a central forum for programme coordination in response to the epidemic.

Monitoring, evaluation and programme management

45. The progress of programme implementation will be monitored through a set of key indicators to measure the development of policies, programmes and action plans for children, including budget expenditures for social sector development; the number of basic social services with improved quality care standards; rates of access of women and children to inclusive quality basic social services and their utilization; and knowledge, attitude and behavioural change among different groups of the target population.

46. The five-year integrated monitoring and evaluation plan will be developed and used for coordination of research, monitoring and evaluation activities of the country programme. The plan will include social policy analysis, evaluation of *velayat* and *etrap* models for making policy decisions and deciding on programmatic directions, and monitoring of child protection. In cooperation with other United

Nations and bilateral agencies, UNICEF will support such major national surveys as the DHS and multiple indicator cluster survey. Collaboration will be maintained with the MONEE regional monitoring project.

47. The mid-term review of the country programme will be conducted in 2007. Key planned evaluations are planned of the better parenting programme, the "child-friendly" schools initiative; the effectiveness of anaemia prevention interventions and a cost-benefit analysis of the implementation of the *etrap*-level model and its feasibility for replicability. The Government and the United Nations system will jointly carry out an evaluation of the UNDAF in 2008.

48. Yearly work plans will be prepared with national-level counterpart ministries and the *velayat* authorities as a key process for achieving the country programme's goals and objectives. Programmes will be monitored through quarterly, mid-yearly and annual programme implementation reviews, regular field monitoring and periodic analyses of processes and outcomes with partners at national and *velayat* levels. The United Nations resident coordinator system will be fully utilized for joint programme review and negotiations with the Government.

49. The Ministry of Foreign Affairs serves as the overall coordinating government authority. The country programme will be managed jointly by the Government and UNICEF, with coordinators appointed from such major implementing partners as the Ministries of Health, Education, Interior and Social Welfare. Under the support budget approved by the Executive Board in 2003, the UNICEF office in Turkmenistan will be upgraded to a full country office from 2005 and the office's human resources have been strengthened accordingly.